Mississippi (Mr. WICKER) were added as cosponsors of S. 78, a bill to amend title 18, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions.

S. 89

At the request of Mr. BRAUN, the name of the Senator from Nevada (Ms. ROSEN) was added as a cosponsor of S. 89, a bill to provide that Members of Congress may not receive pay after October 1 of any fiscal year in which Congress has not approved a concurrent resolution on the budget and passed the regular appropriations bills.

S.J. RES. 2

At the request of Mr. CRUZ, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S.J. Res. 2, a joint resolution proposing an amendment to the Constitution of the United States relative to limiting the number of terms that a Member of Congress may serve.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CARDIN (for himself, Mr. CRAPO, Mr. KING, and Mr. CRAMER):

S. 114. A bill to amend the Congressional Budget Act of 1974 respecting the scoring of preventive health savings; to the Committee on the Budget.

Mr. CARDIN. Madam President, today I am proud to reintroduce the Preventive Health Savings Act. This bipartisan legislation would reform the Congressional Budget Office's CBO, scoring to better reflect the savings from preventive health initiatives by expanding the budgetary window the CBO evaluates.

Currently, the CBO scores the budgetary implications of legislation over a 10-year period. Oftentimes, however, the cost-savings of preventive care are not clear within the current 10-year ''scoring'' window. This legislation would direct the CBO to extend its analysis beyond the existing 10-year budget window to two additional 10-year periods, which will give a truer picture of the benefits of health initiatives and better enable Congress to pass effective policies.

Chronic and mental health conditions account for 90 percent of our Nation's $4.1 trillion in annual medical expenditures. In 2018, more than half of U.S. adults had 1 of 10 chronic conditions, and 27.2 percent had multiple chronic conditions, and this number is only expected to grow. Chronic diseases disproportionally affect racial and ethnic minorities. For example, when compared to non-Hispanic White adults, Black adults are 1.6 times, Asian American adults are 1.4 times, Hispanic adults are 1.7 times, American Indian and Alaska Native adults are 2.9 times, and Native Hawaiian and Pacific Islander adults are 2.5 times more likely to be diagnosed with diabetes. Additionally, Black adults are 1.4 times, American Indian and Alaska Native adults are 1.2 times, and Native Hawaiian and Pacific Islander adults are 1.3 times more likely to have asthma than non-Hispanic Whites.

As more Americans experience chronic conditions, the healthcare costs in the United States will continue to rise. Not only are these costs a heavy burden on millions of Americans and their families, but they are also primary drivers of our annual Federal budget deficits and accumulated debt. As medical expenditures continue to rise, it is crucial that we capture the long-term savings that can be achieved by focusing our efforts on averting, halting, or slowing preventable diseases. This is why I have long been a champion for expanded access to affordable, high-quality preventive health care and am proud to have championed initiatives from coverage for colon screenings to increased access to oral health care. But we still have progress to make.

I am encouraged by the cutting-edge research that world-class institutions in my home State of Maryland, such as the National Institutes of Health, NIH, are doing to address chronic diseases. Interventions, including screenings, vaccinations, and behavioral changes, can prevent or delay the onset of new cases and mitigate the progression of a preventable illness, which can result in large reductions in the financial, physical, and emotional toll of developing one or more chronic diseases. By having the data to enable us as lawmakers to look at cost-benefit analyses, we can most effectively use our Nation's resources to improve the health of Americans while reducing medical costs. The first step to altering the trajectory of chronic diseases and curbing healthcare costs is to have more accurate information on the cost savings of preventive care.

I thank Senators CRAPO, KING, and CRAMER for joining me in introducing this legislation and urge my other Senate colleagues to consider cosponsoring the measure.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 121. A bill to amend the Child Nutrition Act of 1966 to require the provision of training and information to certain personnel relating to food allergy identification and response, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. DURBIN. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 121

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protecting Children with Food Allergies Act''.

SEC. 2. FOOD ALLERGY TRAINING COMPLETION REQUIREMENT.

Section 7(g)(2) of the Child Nutrition Act of 1966 (42 U.S.C. 1776(g)(2)) is amended by adding at the end the following:

''(C) FOOD ALLERGY TRAINING AND CERTIFICATION FOR ALL LOCAL FOOD SERVICE PERSONNEL.—

''(i) IN GENERAL.—The Secretary shall develop, in consultation with relevant stakeholder groups with food allergy expertise, and publish training modules and other educational materials in accordance with clause (ii).

''(ii) TRAINING MODULES.—A training program carried out under this subparagraph shall include training modules relating to—

''(I) the prevention of allergic reactions to food, which may include—

''(aa) communicating food allergen information in school menus, food products, and recipes;

''(bb) best practices to avoid cross-contact; and

''(cc) the availability of appropriate food substitutions for children with food allergies;

''(II) the identification of food-related allergic reaction symptoms; and

''(III) the appropriate responses to an allergic reaction to food.

''(iii) CERTIFICATION OF LOCAL PERSONNEL.—

''(I) IN GENERAL.—In accordance with criteria established by the Secretary, local food service personnel shall complete training and receive a certification to demonstrate competence with respect to the training provided under clause (ii).

''(II) TREATMENT.—The Secretary may allow local food personnel to apply a certification received under this clause toward any other training requirements under this subsection.

''(iv) METHODS FOR INCLUSION.—The training required under this subparagraph shall be provided, as the Secretary determines to be necessary, in—

''(I) relevant languages other than English, for individuals with limited English proficiency; and

''(II) relevant alternative formats, for individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)).

''(v) AVAILABILITY TO OTHER PERSONNEL.—The Secretary shall make the training provided under this subparagraph available to personnel under child nutrition programs not covered under this subsection, including personnel under—

''(I) the special milk program under section 3;

''(II) the summer food service program for children under section 13 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1761); and

''(III) the child and adult care food program under section 17 of that Act (42 U.S.C. 1766).

''(vi) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this subparagraph $1,000,000 for each of fiscal years 2024 through 2028.''.

SEC. 3. ACTIVITIES TO SUPPORT WIC-ELIGIBLE INDIVIDUALS IMPACTED BY FOOD ALLERGIES.

Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) is amended—

(1) by redesignating subsections (*l*) through (s) as subsections (m) through (t), respectively;

(2) by inserting after subsection (k) the following:

''(l) ACTIVITIES TO SUPPORT WIC-ELIGIBLE INDIVIDUALS IMPACTED BY FOOD ALLERGIES.—

''(1) IN GENERAL.—In accordance with subsection (e), the Secretary shall—